

COLLEGE OF LETTERS AND SCIENCE UNIVERSITY OF WISCONSIN-MADISON MAJOR/CERTIFICATE/OPTION DECLARATION/CANCELLATION

L&S Form 5/05

STUDENT FILLS OUT THIS PART

Campus ID Number	С	Current Date (Month/Day/Year)	Academic Year (1, 2, 3 or 4)				
Last Name	First Name	Middle Initial	Program (BA, BS or *If Other - specify)				
Email address	@wisc.edu	Phone Number	*If Other, list School/College				
Other Major(s)		Student Signature					
*STUDENTS NOT IN THE COLLEGE OF LETTERS AND SCIENCE: This major/certificate declaration/cancellation is subject to approval by the Dean of the College in which you are enrolled.							

ADVISOR FILLS OUT THIS PART

AD HOOK HELD OUT H				
Major/Certificate Code	Option Cod	е	Department or Title	
CERT 316			Department of French & Italian	
Advisor's Name (Must be filled in for processing)		Advisor's Phone Number		Advisor's email
Mandi Schoville		608-262-5074		maschoville@wisc.edu
Purpose of the Request (choose one for each)			Approved by (Department Representative)	
Choose One: Declaration Cancellation	Choose One: Major Certificate		- Fife still Date	
☐ Revision	☐ Option		Effective Date	